

Order and Disorder Registration Form

12 Lead EKG
Chicago (December 5-6, 2011)

Stress Testing
Chicago (December 7, 2011)

Please fax this form to 217.787.6020 or mail with full payment to: Critical Care ED
6701 Bunker Hill Rd. New Berlin, Illinois 62670. Faxed registration must be followed
in 10 days with check payment or the registration will be cancelled.

FORM:

NAME: _____

POSITION/TITLE: _____

LICENSE#: _____ Last 4 digits of SS#: _____

INSTITUTION: _____

INSTITUTION ADDRESS: _____

CITY/STATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: [h] _____ [w] _____

EMAIL: _____

PROGRAMS: Please check the programs you wish to attend.

12 Lead EKG

Chicago (December 5-6, 2011).....\$300 (\$320 if 14 days or less before course)

Stress Testing

Chicago (December 7, 2011).....\$150 (\$165 if 14 days or less before course)

PAYMENT: Check Credit Card

Amount: _____ Mastercard VISA American Express

Expiration Date: _____ Card Number: _____